



ļ	UTILITY PATENT APPLICATION		Attomey Docket No.		35.C14411		446		
			First Named Inventor or Application Identifier				2		
	C G	O TOANGMITTAL		HARUO MACHIDA					
	ன் ^{(Only f}			Express Mail Label No.					
	See M	APPLICATION ELEME	· -	ADDR	RESS TO:			tents	
	10	Fee Transmittal Form (Submit an original, and a duplicate for	r fee processing)	6.	Microfiche (Computer Program			
	2. X	Specification Total Pa	ages 125		tide and/or A cable, all nec	mino Acid Sequend essary)	ce Submission		
	3. X	Drawing(s) (35 USC 113) Total St	neets 48		\equiv	Computer Readable Paper Copy (identic		py)	
	4. X	Oath or Declaration Total Pa	ages 1		c \$	Statement verifying	identity of above	copies	
1.3		a. Newly executed (original or copy)		ACCOMPANYING APPLICATION PARTS					
		b. X Unexecuted for information p	ourposes	8.	8. Assignment Papers (cover sheet & document(s))				
c. Copy from a prior application (for continuation/divisional with [Note Box 5 below]			9.		(b) Statement e is an assignee)	Power o	f Attorney		
11-11	i. DELETION OF INVENTOR(S) Signed Statement attached deleting inventor(: named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). Incorporation By Reference (useable if Box 4c is checked) The entire disclosure of the prior application, from which a copy of the			(s) 10.	10. English Translation Document (if applicable)				
): <u>]</u>				11.	Information Statement (Disclosure (IDS)/PTO-1449	Copies Citation		
· · · · · · · · · · · · · · · · · · ·		oath or declaration is supplied under Box 4 part of the disclosure of the accompanying incorporated by reference therein.	c, is considered as being	12.	Preliminary	Amendment			
				13. X		eipt Postcard (MPE specifically itemize	•		
				14.	Small Entity Statement(s		ent filed in prior appl still proper and desin		
				15.	15. Certified Copy of Priority Document(s) (if foreign priority is claimed)				
				16.	Other:				
+	17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:								
		Continuation Divisional Continuation-in-part (CIP) of prior application No/							
}		18. CORRESPONDENCE ADDRESS							
	I I X 1 Customer Number or Bar Code Label :				05514 Or Correspondence address below				
	NAME								
}	Address								
}	Address								
}	City		State Telephone			Zip Code Fax			
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	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS		
	TOTAL CLAIMS (37 CFR 1.16(c))	80-20 =	60	X \$ 18.00 =	\$1,080.00		
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	4-3 =	1	X \$ 78.00 =	\$ 78.00		
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) \$260.00 =			\$ 0.00			
				BASIC FEE (37 CFR 1.16(a))	\$ 690.00		
	Total of above Calculations =				\$1,848.00		
	Reduction by						
				TOTAL =	\$1,848.00		
		A check in the amount of \$ to cover the filing fee is enclosed. A check in the amount of \$ to cover the recordal fee is enclosed.					
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21. The No. a.	A check in the amne Commissioner is herelo. 06-1205: X Fees req	ount of \$ to co	over the recordal fee is	enclosed.	posit Account		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED				
NAME	Leonard P. Diana (Reg. No. 29,296)			
SIGNATURE	212.2			
DATE	April 5, 2000			

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